DIRECT ACCESS TESTING A consumer group's perspective

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"The medical profession is unconsciously irritated by lay knowledge."

John Steinbeck

"The secret of caring for the patient is caring for the patient."

Sir William Osler

THE CHANGING HEALTH CARE CONSUMER

- The Healthcare Consumer has become the driving force of healthcare.
 - Empowered
 - Demanding
 - Critical of the the system and providers

Empowered

- Better educated
- Has access to experts
- Views healthcare as a service
- Expects high clinical and ethical standards

Demanding

Today's healthcare consumer expects:

- Clinical competence
- Fair pricing
- Sound business practices
- Timely communication

Critical of the system and providers

- Consumer health care complaints are at an all time high.
 - State licensing board complaints at record levels.
 - Consumer appeals of managed care decisions are rising.
 - Polls: High consumer DISSATISFACTION with the entire health care system.

Consumers want greater access to services and higher quality care.

- In 1985, only 5% of consumers said they chose their own hospital -- today nearly 50% say they do.
- Consumers are seeking the high quality providers – searching the internet, calling hotlines, etc.
- The push for a Medicare drug benefit is the result of consumer pressure.
- HIPAA is an outcome of consumer power being translated into policy.

Quality and effective treatments are the centerpiece of consumer expectations.

- States are passing disclosure laws and other Acts that allow consumers to compare practitioners and facilities.
- Some states are publishing managed care company comparisons based on key indicators.
- HEDIS and other measuring devises help to assure consumers of plan and provider quality.

Consumers are angry!

- Tired of being treated as a "medical idiot"
- The parent/child provider-consumer relationship is no longer acceptable.
- Failure to disclose and inform is no longer welcome.
 - Malpractice insurers report #1 reason for a claim being filed is lack of communication.

TODAY'S HEALTH CARE PROVIDER

OLD SCHOOL

Arrogant

Secretive

Unresponsive

NEW SCHOOL

Compassionate

Open and Informative

Available

DYING

SURVIVER

THE LAST BASTION OF NON-CONSUMERISM!

- Health care services do not parallel other consumer services in terms of:
 - DISCLOSURE
 - EASE OF ACCESS
 - ACCOUNTABILITY
 - OVER ALL COMMITMENT T O THE CUSTOMER

GOVERNMENT HAS BEEN NON-RESPONSIVE!

- Laws governing medicine are widely varied
 - Lack of uniformity
 - Mostly benefiting providers
 - Less likely to be consumer friendly
- Rules are confusing, often uninforced
 - Complexity creates chaos
 - Slow to be corrected
 - Viewed by as cumbersome by all parties

THE BABY BOOMER ENGINE

- The Baby Boomer is the driver of a new paradigm
 - Systems have had to respond to this generation
 - Historical consumer provider relationships have blurred.
- Baby Boomers have high and immediate expectations
 - The system must work
 - If it's broken, fix it

DIRECT ACCESS TESTING

- 34 states allow direct access to medical testing
 - Even in states where available, most consumers are unaware of its availability
- Primary care physicians tend to support it
- Consumers have been asking for it for years
 - Since the early 80's, People's Medical Society members have overwhelmingly favored it

THE ADVANTAGES

- Direct access to needed services
- Reduced costs by eliminating the "middle man"
- Individual ability to monitor one's own health
- Empowering consumers to take charge of their own health

DIRECT ACCESS TO NEEDED SERVICES

- Chronic conditions require regular monitoring
 - Direct access knocks down barriers
- The more access, the more available services will become
 - More laboratories will appear in more locales
- Competition will foster lower prices and higher quality
 - Direct access will put price and quality in the spotlight

REDUCED COSTS BY ELIMINATING THE "MIDDLE MAN"

- Unnecessary physician visits will be reduced
 - Direct access removes a cost that may not be necessary
- Consumer may shop for services
 - Consumer selection means more attention to cost

INDIVIDUAL ABILITY TO MONITOR ONE'S OWN HEALTH

- Direct access puts the control in the hands of the consumer
 - Likely to increase attention to condition
- Direct access can occur anywhere
 - No longer limited by geography of provider
- More awareness of the nature and course of the condition
 - Consumer responsible for managing his/her care

EMPOWERING CONSUMERS TO TAKE CHARGE OF THEIR OWN HEALTH

- Direct access puts the consumer in charge
 - Shifts responsibilities
- Gives consumers direct access to information
 - No longer controlled by specific providers
- Give consumers ownership
 - It's me, my body, I'm in control

THE DISADVANTAGES

- Physicians may lose some control over patient management
- The tendency towards hypochondria
- Consumers inability to interpret results
- Charlatans may take advantage of unsuspecting consumers
- Test costs may rise

PHYSICIANS MAY LOSE SOME CONTROL OVER PATIENT MANAGEMENT

- Direct testing means less physician visits
 - Consumers may attempt harmful or useless self-treatment as a result of direct testing
- Severe medical problems may be ignored
 - Consumers may fear possible follow-up treatments or follow-up costs

THE TENDENCY TOWARDS HYPOCHONDRIA

- Direct testing may lead to more unnecessary testing
 - Worried consumers may over-test out of fear
- Lack of knowledge about meaning of test results may cause higher anxiety
 - May foster demand for unnecessary treatment

CONSUMER'S INABILITY TO INTERPRET RESULTS

- Analysis of results may be outside consumers knowledge base
 - May over- or under-react to results
- May not know where to turn for help
 - Lack of knowledge of specialties or available resources
- May resort to "over the fence" advice
 - Tendency to have friends interpret rather than professionals

CHARLATANS MAY TAKE ADVANTAGE OF UNSUSPECTING CONSUMER

- Direct testing may foster unscrupulous laboratories
 - The more direct access a consumer has, the more likely less than stellar providers will appear
- Shady business practices are poorly policed by the states
 - States already have problems regulating the business side of health care

TEST COSTS MAY RISE

- Direct access may foster higher testing prices
 - In health care, the greater the demand, the higher the cost
- Individual rates will be higher than those negotiated by insurers
 - Ability to regulate costs in an open economic environment will be difficult

PROs VS CONS

- The pros outweigh the cons
 - To date direct access has demonstrated few problems
 - Disadvantages can be addressed through
 - Education
 - Regulation
 - Oversight
 - Enforcement

IT'S NOT GOING TO BE EASY

- Direct access to testing is going to require a great deal of attention:
 - Assurance of uniform clinical standards
 - Assurance of mandatory disclosure requirements
 - Development of consumer-focused business practices standards
 - Development of national operating guidelines

UNIFORM CLINICAL STANDARDS

- Consumers must expect high quality at every lab and for every test
- Agencies responsible for oversight must be certified by a national entity or federal unit
- Test availability should be the same in all states
- Labs and oversight organizations must be legally accountable for all their actions

MANDATORY DISCLOSURE REQUIREMENTS

- All labs must be required to publicly disclose:
 - Certification
 - Qualifications of all personal
 - Number of tests, by test, performed annually
 - Reprimands or actions taken by inspecting and licensing authorities

CONSUMER-FOCUSED BUSINESS STANDARDS

- Prompt reporting of all test results
- Consumer useable interpretations of results
- Availability of clinician to advise
- Mandatory red-flagging of serious problems
- Available referral services to appropriate specialist
- No financial arrangements with any referral entity

MORE BUSINESS STANDARDS

- Public posting of all test prices
- No hidden or undisclosed service charges
- Privacy standards
- Standards aimed at reducing unnecessary testing

NATIONAL OPERATING GUIDELINES

All consumer practices of all labs should be uniform

ISSUES TO ADDRESS

- Insurance coverage
- State variation on access and oversight
- Expansion of direct access tests
- Limitations on number of particular tests in a given year
- Ownership of results
- Resistance from other providers